File Number:	4 -	. 15	95
For the reporting December 31,	perio	d ended گ O Q	



AMENDED

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0337 Expires: September 30, 2006 Estimated average burden hours per full response. . . . 6.00 Estimated average burden hours per intermediate Estimated average burden hours per minimum

FORM TA-2

		ATTENTION:	CONSTITUTE F	MISSTATEMENTS OR EDERAL CRIMINAL V 01 and 15 U.S.C. 78ff(a)	
	(Do	name of Registrant as stated not use Form TA-2 to change name	or address.)	_	MAR 3 1 2006
2.	а.	During the reporting period, (Check appropriate box.)	has the Registrant enga	aged a service company to per	form any of its transfer agent functions
		☐ All	Some	None	*
	b.	If the answer to subsection company(ies) engaged:	(a) is all or some, pr	rovide the name(s) and trans	fer agent file number(s) of all service
		Name of Transfer Agent(s)	•		File No. (beginning with 84- or 85-):
				· · · · · · · · · · · · · · · · · · ·	
					PR
					APR 0 4 2008
					THOMSON
					FINANCIAL
	c.	During the reporting period, transfer agent functions?	, has the Registrant bee	n engaged as a service compa	ny by a named transfer agent to perform
		☐ Yes		□ No	
	d.		l as a service company	to perform transfer agent fund	he named transfer agent(s) for which the ctions: (If more room is required, pleas
		Name of Transfer Agent(s)	I.		File No. (beginning with 84- or 85-):

3.	a. Registrant's appropriate regulatory agency (ARA): (Check one box only.) Comptroller of the Currency Federal Deposit Insurance Corporation Board of Governors of the Federal Reserve System Securities and Exchange Commission										
	b.	During the repo									/hich
			mendment(s) o file amendme ble	ent(s)							
	с.	If the answer to			ovide an expla		vo. 20				
		If i	the response	to any o	f auestions	4-11 below i	is non	ie or zero	o, enter "0."	,	
4.	Nu	mber of items re	-	•	•				•		7
5.	a.	Total number of System (DRS),									,)
	b.	Number of indi									
	c.	Number of indi	ividual security	holder DF	RS accounts a	s of December	31:			<u> 293</u>	
	d.	Approximate p December 31:	ercentage of i	ndividual	securityholde	r accounts from	m subs	section (a)	in the follow	ving categories	as of
		Corporate Equity Securities	Corporate Debt Securities	1	Open-End Investment Company Securities	Limited Partnersh Securitie	ц́р	Municip Secur		Other Securities	
		100%	0		0	0		(0	
6.	Nu	mber of securitie	es issues for w	hich Regis	trant acted in	the following	capaci	ties, as of	December 31	•	
				Se	orporate ecurities	Open-End Investment Company	Par	imited rtnership ecurities	Municipal Debt Securities	Other Securities	
	a.	Receives items and maintains t securityholder	the master	Equity	Debt	Securities					
	b. с.	Receives items but does not m master security Does not receive	for transfer aintain the holder files:								
	••	transfer but ma	intains the								

7.	Sco a.	ope of certain additional types of activities performed: Number of issues for which dividend reinvestment plan and/or direct purchase plan						
		services were provided, as of December 31:						
		Number of issues for which DRS services were provided, as of December 31:						
	c.	Dividend disbursement and interest paying agent activities conducted during the reporting period:						
		i. number of issues						
		ii. amount (in dollars)						
8.	a.	Number and aggregate market value of securities aged record differences, existing for more than 30 days, as of December 31:						
		Prior Current						
		Transfer Agent(s) Transfer Agent (If applicable)						
		i Number of issues						
		ii. Market value (in dollars)						
		11. Warket Value (in donais)						
	b.	Number of quarterly reports regarding buy-ins filed by the Registrant with its ARA (including the SEC) during the reporting period pursuant to Rule 17Ad-11(c)(2):						
	c.	During the reporting period, did the Registrant file all quarterly reports regarding buy-ins with its ARA (including the SEC) required by Rule 17Ad-11(c)(2)?						
		☐ Yes ☐ No						
	d.	If the answers to subsection (c) is no, provide an explanation for each failure to file:						
9.	a.	During the reporting period, has the Registrant always been in compliance with the turnaround time for routine items as set forth in Rule 17Ad-2?						
		☐ Yes ☐ No						
		If the answer to subsection (a) is no, complete subsections (i) through (ii).						
		i. Provide the number of months during the reporting period in which the Registrant was not in compliance with the turnaround time for routine items according to Rule 17Ad-2						
		ii. Provide the number of written notices Registrant filed during the reporting period with the						
		SEC and with its ARA that reported its noncompliance with turnaround time for routine items according to Rule 17Ad-2.						
10.	and a.	mber of open-end investment company securities purchases and redemptions (transactions) excluding dividend, interest distribution postings, and address changes processed during the reporting period: Total number of transactions processed:						
	b.	Number of transactions processed on a date other than date of receipt of order (as ofs):						

11. a. During the reporting period, provide the date of all database searches conducted for lost securityholder accounts listed on the transfer agent's master securityholder files, the number of lost securityholder accounts for which a database search has been conducted, and the number of lost securityholder accounts for which a different address has been obtained as a result of a database search:

Date of Database Search	Number of Lost Securityholder Accounts Submitted for Database Search	Number of Different Addresses Obtained from Database Search
	1016	

b.	Number of lost securityholder accounts that have been remitted to states during the	\bigcirc
	reporting period:	<u> </u>

SIGNATURE: The Registrant submitting this Form, and the person signing the Form, hereby represent that all the information contained in the Form is true, correct, and complete.

Manual signature of Official responsible for Form:	Title: Assistant Vice President
Ruth Vance	Telephone number: 803 641- 3009
Name of Official responsible for Form:	Date signed
(First name, Middle name, Last name)	(Month/Day/Year):
RUTH VANCE	03-30-06